



IPN

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor:	SUN et al.	Examiner:	Vaibhav Sawhney
Application No.:	10/666,953	Art Unit:	2616
Filed:	September 17, 2003	Docket No.	ATHEP124
Title:	WIRELESS CHANNEL ESTIMATION		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to:
Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450 on:

OCT. 17, 2008.

V. Pula
Veronica Pula

TRANSMITTAL OF AMENDMENT C

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is Amendment C in response to Office Action mailed June 17, 2008 in the above-identified application.

The fee has been calculated as shown below.

CLAIMS	After Amd.	HP*	Extra	Small Entity		Large Entity	
				Rate	Fee	Rate	Fee
Total	30	33	-0-	x \$26 = \$		OR x \$52 = \$	
Independent	7	9	-0-	x \$110 = \$		OR x \$220 = \$	
Multiple Dependent Claims				x \$195 = \$		OR x \$390 = \$	
<i>*HP = Highest previously paid</i>				TOTAL FEE \$		OR TOTAL FEE \$	-0-

Applicant(s) hereby petition for following extension of time in which to respond to the outstanding Office Action.

	SMALL ENTITY		LARGE ENTITY	
	Rate	Add'l Fee	Rate	Add'l Fee
<input checked="" type="checkbox"/> Extension for Response within FIRST month	x \$65 = \$		OR x \$130 = \$	130.00
<input type="checkbox"/> Extension for Response within SECOND month	x \$245 = \$		OR x \$490 = \$	
<input type="checkbox"/> Extension for Response within THIRD month	x \$555 = \$		OR x \$1110 = \$	
<input type="checkbox"/> Extension for Response within FOURTH month	x \$865 = \$		OR x \$1730= \$	
<input type="checkbox"/> Extension for Response within FIFTH month	x \$1175 = \$		OR x \$2350 = \$	

Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0685. (ATHEP124).

Enclosed is our Check No. 4195 in the amount of \$130.00 to cover the additional claim fee and/or extension of time fees.

Enclosed is Applicant Initiated Interview Request Form, PTOL-413A.

Enclosed are _____ sheets replacement drawings.

Please charge Deposit Account No. 50-0685 (ATHEP124) in the amount of
\$_____ to cover the additional claim fee and/or extension of time fees.

If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (ATHEP124).

OTHER:

Respectfully submitted,
VAN PELT, YI & JAMES LLP



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